

Special Waste Profile - Recertification



Disposal Facility:

Waste Profile #:

Sales Rep #:

I. Generator Information

Generator Name:

Generator Site Address:

City:

County:

State:

Zip:

State ID/Reg No:

State Approval/Waste Code:

NAICS:

Generator Mailing Address ☐ (if different)

City:

County:

State:

Zip:

Generator Contact Name:

Email:

Phone Number:

Ext:

Fax Number:

II. Waste Stream Information

Name of Waste:

Check Section 1 or 2 below

1. **There has been a change** in the characteristics of the waste stream due to the following:
 - a. Change of a raw material used in the waste generating process.
 - b. Change in the waste generating process itself.
 - c. Change in a physical characteristic of the waste.
 - d. New information has been documented concerning the human health effects of exposure to the waste.**If any of these changes have occurred, a new profile sheet must be completed, and new analysis and/or SDS must be provided as appropriate.**
2. **There have been no changes** that would alter the physical characteristics of the special waste stream.
Updated analytical may be required.

III. Representative Sample Certification

No Sample Taken

Sample Taken

Type of Sample

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent?

Yes

No

Sample Date:

Sample ID Numbers:

IV. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I understand that attaching an electronic signature, I am signing this document, consent to complete this transaction and receive all related communication electronically, and agree this document will be binding as though I had physically signed it. A printout of this document may be accepted with the same authority as the original."

If electronic signature is preferred, please submit completed (unsigned) form to your Special Waste Coordinator or Special Waste Sales Executive to initiate signature process.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services.

Authorized Representative Name
(Printed)

Title
(Printed)

Company Name

Authorized Representative Signature

Date